

Office of Medicaid Policy and Planning  
Non-Emergency Medical Transportation Reports

**Report Name:** Send Backs Summary  
**Version:** 1.0  
**Report Code:** MO-SBS  
**Submission Date:** 08/15/2020  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 04/01/20 - 04/30/20			
Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	210	207	417
Inclement Wthr/Mbr	0	0	0
Member Cancelled	147	391	538
Member Deceased	14	16	30
Member Hospitalized	14	28	42
Member No-show	57	115	172
Member Too Sick	2	28	30
Provider No-Show	10	28	38
Provider Too Late	0	2	2

**Note:** Data reflects the number of trips during the month that were sent back and were not re-assigned to another transportation provider by the date of the scheduled trip. All trips were initially assigned to a transportation provider.